

Political Organization
Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

1 Name of organization **STATESMAN OF THE YEAR STATE AND LOCAL
POLITICAL ACTION COMMITTEE** Employer identification number **APPLIED FOR**

2 Mailing address (P.O. Box or number, street, and room or suite number)
6200 JOLIET ROAD 91-2065208

City or town, state, and ZIP code
COUNTRYSIDE, IL 60525

3 E-mail address of organization

4a Name of custodian of records
RAYMOND H. JOHNSON

4b Custodian's address
**6200 JOLIET ROAD
COUNTRYSIDE, IL 60525**

5a Name of contact person
RAYMOND H. JOHNSON

5b Contact person's address
**6200 JOLIET ROAD
COUNTRYSIDE, IL 60525**

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

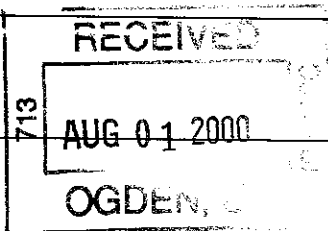
City or town, state, and ZIP code

Part II Purpose

7 Describe the purpose of the organization
**To support candidates and legislation which is consistent with democratic
principles.**

Part III List of All Related Entities (see instructions) **NONE**

8a Name of related entity	8b Relationship	8c Address



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